504 J Med Ethics 2004;**30**:504

LETTERS

WHO membership: the plight of Taiwan

I would like to raise a pressing issue relating to the World Health Organization (WHO) which should (I believe) concern the medical profession throughout the UK. The WHO Charter advocates the provision of health to all—as a human right. It is therefore to be regretted that these Charter obligations have not been exercised with respect to Taiwan whose 23 million citizens still cannot benefit from its protection. This democratic country which is a beacon of human rights in Asia, is still excluded from the WHO. It is expected that in 2005 the island will again try for admission as an observer—the only status currently open to it since the People's Republic of China has opposed Taiwan's membership. Indeed Taiwan has already embarked on a new policy of "health diplomacy" in which the considerable Taiwanese contribution to global health has been highlighted.

It is certainly to be hoped that Taiwan's bid will make the agenda of the World Health Assembly (WHA) in Geneva in 2005. I believe that the UK healthcare sector should be more vigorous in voicing its support for fair play on issues of this sort. Taiwan's case has the backing of many prestigious international medical bodies such as the World Medical Association. It also has considerable worldwide political support. Indeed the European Parliament recently passed a resolution urging its member states to endorse the island's participation in the WHO. Professor Vivienne Nathanson, of the British Medical Association, has argued that it is "desirable for the medical profession in Taiwan to enjoy the advantages offered by links with the WHO, and we should therefore certainly support its application for observer status". Likewise, prominent parliamentarians such as Tom Cox MP, of the all-party British-Taiwanese group in the House of Commons, have strongly condemned Taiwan's exclu-

The events of 11 September 2001 and the spectre of potential bioterrorism which followed in its wake, have highlighted the need for global cooperation on health matters. Yet Taiwan, which has contributed so much to medical assistance abroad, still remains excluded from the protection afforded by the WHO. This is a medical tragedy which surely should not be constrained by political considerations. Taiwan is willing to observe at the WHO as a "health entity"—thus somewhat nullifying the politics of the issue. It is clear that Taiwan's citizens both need the WHO and at the same time, have much to contribute to it. The Taiwan issue did not make the WHA's agenda this year, despite a vigorous campaign mounted by many of its members. Politically, they simply could not

outnumber the countries being lobbied by officials of the People's Republic of China. Ethically, and morally (however) Taiwan has the spirit of human rights on its side. The British medical profession, with its internationally respected reputation, should certainly lend its support to this pressing issue.

T Duffy

International relations specialist; tm.duffy@ulster.ac.uk

doi: 10.1136/jme.2002.000794

Reference

1 Nathanson V. Letter dated 12 January 2000 to Mr Tom Cox MP. See www.parliament.thestationery-office.co.uk/pa/cm199900/ cmhansrd/vo000202/halltext/00202h05.htm (accessed 3 August 2004).

The morality of inclusion: A response to Duffy

In July 2002, I had the honour to be invited to give a 15 minute presentation on behalf of my country, Taiwan, on the topic of "Current system of national guidance on human subject protection in medical research" in a panel discussion of the Forum for Ethical Review Committees in Asia and the Western Pacific (Fercap), World Health Organization (WHO) international conference held in Chin-Mai, Thailand. In that conference, four delegates from Taiwan had a rare (because Taiwan is not a WHO member and is normally excluded from joining any WHO related activities) and therefore very precious opportunity to share Taiwan's experience in establishing and promoting "human subject protection system" with delegates from 27 WHO member countries of the region. Through the vigorous exchanges of opinion in those four days, we learned much about the current trends and advances concerning protection of human subjects in the WHO, the European Union, and the USA and the progress made by other Asian-Pacific countries. All this information will help us to develop our system better. We also shared our efforts and some unique developments (such as establishing a very efficient "joint ethics review board", using hospital accreditation standards to facilitate research ethics and medical ethics etc) in promoting research ethics at the national, institutional, and individual levels. The Taiwanese experiences were also well received and useful to other Asian-Pacific participants.

Mr Duffy has rightly argued for the morality of inclusion that health to all is a basic human right as advanced in the WHO Charter. The WHO's position in denying Taiwan a legitimate role and opportunities to benefit from, as well as contribute to, the world health community is against the WHO constitution and is damaging to the health, welfare, and human rights of the 23 million Taiwanese people and, of course, to those elsewhere in the world who would benefit

from the full participation of Taiwan in the WHO. As Buchanan has indicated, "The more fundamental and pervasive a cooperative framework is in a society, the more debilitating it is for an individual if he or she cannot participate effectively in it".2 In 2002 and 2003, Taiwan applied to be an "observer" of WHO using merely a low profile status of "health entity" in order to reduce unjustifiable political harassment in the hope that she can start to participate legitimately in the world health community but the application was rejected. As a Taiwanese citizen, a healthcare professional, and a medical ethicist, I believe, undoubtedly, that this involves serious infringement of the moral rights of the Taiwanese people. The outbreak of the SARS (severe acute respiratory syndrome) epidemic that followed in May-July 2003 eventually proved that more lives could have been saved if Taiwan had not been excluded from the WHO.

Three questions should be answered when considering the morality of inclusion:

- (1) Which beings qualify as members of the primary moral community?
- (2) Under what conditions are participants in a cooperative framework obligated to include individuals who can participate effectively?
- (3) To what extent is there an obligation to ensure that the nature of one of the world's most fundamental frameworks for cooperation renders it more rather than less inclusive?

On deliberating these three questions, it is clear that to exclude Taiwan from participating in the WHO is not justifiable. To correct this injustice, which is also self-defeating and contrary to the constitution and the aims and objectives of the WHO, should be high on the agenda of the WHO and indeed on the agenda of every morally aware individual and country. It is hoped that medical professionals throughout the UK and other readers of the Journal of Medical Ethics from the member states of the WHO will realise and endorse the morality of inclusion by giving Taiwan the support and help she needs to have a legitimate role in participating in the primary global moral community, the

D F-C Tsai

National Taiwan University Hospital and National Taiwan University College of Medicine, Taiwan; fctsai@ha.mc.ntu.edu.tw

doi: 10.1136/jme.2003.006403

References

- 1 **Duffy T**. WHO membership: the plight of Taiwan [letter]. *J Med Ethics* 2004;**30**:504.
- 2 Buchanan A, Brock D, Daniels N, et al. From chance to choice. Cambridge: Cambridge University Press, 2000:259.
- 3 See reference 2: 260